APPLICATION FOR JUDICIAL BRANCH FEDERAL EMPLOYMENT

Present Address Other Names Previously Used for Employment Purposes 7. Date of Birth City State Foreign Country Are you a U.S. YES % NO % Give the Country of your citteenship a. Were you ever a Federal civilian employee? YES % NO % For highest civilian grade give: yeries Are you are receiving a Federal annuity YES % NO % For highest civilian grade give: yeries yerade b. Are you are reductives that are Judges, Officers or employees of the United States Courts? If so, give their names, positions, and relationships to you. Have you ever been discharged from a position or asked to resign under the threat of discharge? YES % NO % If yes, explain under Remarks at the end of this form. Have you ever been YES % NO % You may omit: (1) offenses committed before your 18° birthday and adjudicated under a juvenile offender law; (2) offenses adjudicated under a youth offender with you go were been yes for the work of yes, explain under Remarks at the end of this form. DUCATION 2. a. Do you have a high school diploma or G.E.D. equivalent? YES % NO % If yes, Date of Completion D. Name and location of colleges or attended discluding law schools) Dates Attended Only Unarter Semester Chief Undergraduate Subjects Credit Hours Quarter Semester Chief Undergraduate Subjects Credit Hours Quarte	If You Need Addition	onal Space, Contir	nue Under Remark	s Listing Ite	em Number	
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WORK EXPERIENCE

Including experience while in military service.

(Start with your present position and work back 10 years. Use additional page if necessary.)

A Dates of Employment (month, day, year)	Number of hours worked	Exact Title of Your Position		
	per week:	Exact Title of Tour Position)II	
From: To	_			
Salary or Earnings	Classification Grade/Level	Place of Employment	Kind of Business or	
Starting \$ Per	_	City	Organization	
Final \$ Per	_	State or		
		Country		
Name and Address of Employer (firm, organization, etc.	·.)	Name and Title of Immedi	ate Supervisor	
Business Telephone: Area Code Number		Number of Employees Supervised		
Reason for Leaving				
Description of Work				
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Dates of Employment (month, day, year)	Number of hours work ed per week:	Exact Title of Your Position		
From: To	—			
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Final \$ Per	_			
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Name and Address of Employer (firm, organization, etc	.)	Name and Title of Immed	iate Supervisor	
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Description of Work				
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REMARKS: (Use this space for continuation of ans	wers. List the number of items be	ing continued.)		

APPLICANT CERTIFICATION

II certify that, to the best of my I certify that, to the best of my knowledge and belief, I certify that, to the best of my knowledge and belief, all of the information of good faith. I understand that false or fraudulent information on or attached togood faith. I understand that false or fraudulent information on or attached togood faith. I understand that false or fraudulent information I give may be investigated.

SIGNATURE DATE SIGNED

| CONTINUATION SHEET AO-78

Dates of Employment (month, day, year)	Number of hours worked	Exact Title of Your Position	l		
From: To	per week:				
Salary or Earnings	Classification Gra de/Level	Place of Employment	Kind of Business or		
Starting \$ Per Final \$ Per	(If in Federal Service)	City	_ Organization		
1 mar		State	_		
Name and Address of Employer (firm, organization, etc.)	•	Name and Title of Immedia	te Supervisor		
Business Telephone: Area Code Number		Number of Employees Supe	Number of Employees Supervised		
Reason for Leaving		•			
Description of Work					
Dates of Employment (month, day, year)	Number of hours worked	Exact Title of Your Position	1		
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Salary or Earnings	Classification Grade/Level	Place of Employment	Kind of Business or		
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Name and Address of Employer (firm, organization, etc.)	Name and Title of Immediate Supervisor				
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Reason for Leaving					
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Salary or Earnings	Classification Grade/Level	Place of Employment	Kind of Business or		
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Final \$Per		State			
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Business Telephone: Area Code Number		Number of Employees Sup 6	ervised		
Reason for Leaving					
Description of Work					